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SERIAL NUMBER 10/549,567	FILING OR 371(c) DATE 09/19/2005 RULE <i>MH 9-12</i>	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. P70821US0
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## APPLICANTS

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*MH 9-12*

## \*\* CONTINUING DATA \*\*\*\*

This application is a 371 of PCT/DK04/00157 03/12/2004 *MH 9-12*

## \*\* FOREIGN APPLICATIONS \*\*\*\*

DENMARK PA200300409 03/17/2003

*MH 9-12*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY DENMARK	<i>MH 9-12</i> SHEETS DRAWING 4	<i>MH 9-12</i> TOTAL CLAIMS 14	<i>MH 9-12</i> INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>MH</i> Examiner's Signature	Initials			

## ADDRESS

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## TITLE

Ostomy appliance

FILING FEE RECEIVED 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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